## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/28/2013	Address:	913 E 8 <sup>th</sup> St
Incident #:	13ISPC012520		Veedersburg, IN
<b>County</b> :	Fountain		
Type of Laboratory Seizure (check one) Seizure Location			(check all that apply)
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s):	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
Flammable Solvents: garage, attic			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: garage, attic			
Corrosive Acid: garage, attic			
Corrosive Base:			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
$\boxtimes$ Yes $\underline{1}$ (n $\underline{\square}$ No	age 18 discovered (check appropriate) umber present) not present but evidence they reside	unclean Estimated le occurring: 1	itions of home:  clean disarray ength of time manufacturing had been week enformation:
This report	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Fire Department City, Township or County <u>Veedersburg VFD</u> Fax: <u>765-793-0835</u> Health Department County: <u>Fountain/Warren Co</u> Fax: <u>765-762-6520</u> Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or 317-234-7596			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Kyle Wentland</u> Phone <u>765-567-2125</u>			

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.